



2 Penrose Place, Skelmersdale, Lancashire, WN8 9PR. E-mail: admin@midstream.org.uk

Dear Parent/Carer,

You have requested that we administer medication to _____ (Client Name)

Please complete the form below, giving your written instructions & authority to start.

All medication must be contained in the original dispensing bottle or packaging with the name of the person to whom the medication has been prescribed clearly legible. The dosage and frequency of dosage must be clearly and legibly displayed upon the original dispensing bottle or packaging. No Substitute containers will be accepted. Our full Medication Policy & Procedures can be viewed / downloaded from our website www.midstream.org.uk click Policies & Documents at the bottom of the home page.

Thank - you

Client Medication Start Form

I hereby authorise the staff at Midstream (West Lancs) Ltd to administer medication to:

Client's Name: _____

Name of Medication: _____

Reason for Medication: _____

Administration Quantity: _____

Administration Time/s: _____

Administration to **start** on (date): _____

Parent/Carer Signature: _____ Date: _____

NO, ELECTRONIC SIGNATURES ACCEPTED. PLEASE SIGN BY HAND, THEN SCAN AND E-MAIL OR SCAN & POST.

NOW RETURN YOUR COMPLETED FORM IMMEDIATELY TO KERRIE FATH OR HAYLEY JACOBSEN ALONG WITH THE RELEVANT MEDICATION.